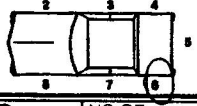
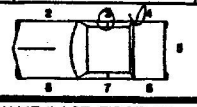
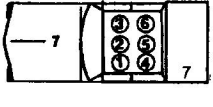



OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 11886 15-1186		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH 7 11 15		DAY TUE		TIME MILITARY 1939		
CRASH OCCURRED ON Private Property		WITHIN THE INTERSECTION OF 726 E. Main										
IF NOT IN INTERSECTION MILES FEET W N E S OF		(LIST NEAREST INTERSECTING STREET, MILEPOST HOUSE NO)								CITY CODE		
LOG-1		LOG-2		LOC JUR FH'9 FILT								
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Pittman, David E		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 908 Shawhan Rd. Morrow Ohio 45152										
PHONE NO		BIRTH DATE 7 12 172		AGE 43 SEX M		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO RR566890		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS								PHONE		
VEH YR 2007		MAKE Ford		MODEL Truck		COLOR Black		STYLE		STATE OH		
LICENSE PLATE NO GMK1111		TOWING SERVICE		VEH. PED DIR								
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Vanvarchis, David R		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5060 Tinewood, Mason Ohio 45040										
PHONE NO		BIRTH DATE 6 15 161		AGE 54 SEX M		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO RR544951		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS								PHONE		
VEH YR 2014		MAKE Toyota		MODEL 4H		COLOR Gry		STYLE 4H		STATE OH		
LICENSE PLATE NO GER9826		TOWING SERVICE		VEH. PED DIR								
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		
C FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES		
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F		
D FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS		PHONE		SEX						
E FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE						
		ADDRESS		PHONE		SEX						
F FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		P-PEDESTRIAN 		CONDITION A B C D E F		
		ADDRESS		PHONE		SEX		RESTRAINTS		ALCOHOL		
A B C		INJURED TAKEN TO		By				A B C D E F		A B C D E F		
D E F		INJURED TAKEN TO		By				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
A		OFFENSE CHARGED AND DESCRIPTION						EJECTION		DRUGS		
O		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		A B C D E F		
RECEIVED CALL 1939		DISPATCHED 1940		ARRIVED 1945		CLEARED 1951		OTHER TIME 17		TOTAL MINUTES 30		
DATE REPORT FILED 7 10 19 15		PHOTOS YES NO		OFFICER'S NAME Dan Fry		BADGE NO 119		CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG		